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7590

03/24/2005

UNIVATION TECHNOLOGIES
ATTN: KEVIN FAULKNER
Suite 1950
5555 San Felipe
Houston, TX 77056



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Tammy L. Hodges (Depositor's name)
Tammy L. Hodges (Signature)
April 1, 05 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/602,543	06/24/2003	Matthew W. Holtcamp	2003U015.US	1205

TITLE OF INVENTION: HETEROCYCLIC NITROGEN-CONTAINING ACTIVATORS AND CATALYST SYSTEMS FOR OLFIN POLYMERIZATION

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$1700	06/24/2005
EXAMINER	ART UNIT	CLASS-SUBCLASS			
BROWN, JENNINE M	1755	502-103000			

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.563).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

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2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. Kevin M. Faulkner

2.

3.

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

UNIVATION TECHNOLOGIES, LLC

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

HOUSTON, TEXAS U.S.A.

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

☒ Issue Fee☒ Publication Fee (No small entity discount permitted)☐ Advance Order - # of Copies

4b. Payment of Fee(s):

☐ A check in the amount of the fee(s) is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment Deposit Account Number 50-0589 (enclose an extra copy of this form).

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☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Typed or printed name

Kevin M. Faulkner

Date

Registration No.

4/1/05

45,427

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